

Wooster High School **Scholarship** Transcript Release Form

515 Oldman Road, Wooster, Ohio 44691
Phone: 330-345-4000, Fax: 330-345-3501

This transcript release form may be completed and returned to the Wooster High School Guidance Office as a blanket release for **all** official transcripts necessary to fulfill scholarship requirements only.

This release will be kept on file in the Guidance Office and serve as the release any time a student wishes to request an official transcript for a scholarship. The official transcript will be given to the student in a sealed envelope.

Please print clearly and carefully in all areas below except the signature line, that must be signed. Students not yet 18, must also have a parent signature.

I hereby authorize Wooster High School to release the transcript of my academic record to the scholarship committee:

Year of graduation _____ Date of request _____ Phone number _____

Student ID# _____

Name _____
(last) (first) (middle)

Current address _____ City _____ State _____ Zip Code _____

Student Signature _____

Parent Signature _____
(if under 18 years of age)

The transcript of an academic record is an "educational record," as defined by P.L. 93-380. In addition to academic information, it may contain personally identifiable and directory information such as date and place of birth, high school graduation date, etc. Except as provided by law, it is only released upon prior written consent of the student.

For Office Use Only:

Date released: _____ Initials: _____

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